



Teamsters Local 238
Authorization Form

Membership Direct Payment (ACH Debit)

I (we) hereby authorize Teamsters Local 238 to electronically **debit** my (our) account, and if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

- Checking Account
- Savings Account (select one) at the depository financial institution named below.

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank Name _____

Routing Number _____

Account Number _____

Name on the Account _____

Email Address _____

Name of Employer: _____

NAME		0123
ADDRESS		01-2345/6789
CITY, STATE ZIP		DATE _____
PAY TO THE ORDER OF _____		\$ _____
BANK NAME		DOLLARS
ADDRESS		
CITY, STATE ZIP		
FOR _____		
⑆ 0 23456789 ⑆	⑆ 0 234567890 23 ⑆	⑆ 0 23 ⑆
Bank Routing Number	Bank Account Number	Check Number

Amount of debit(s) or method of determining amount of debit(s) [or a specific range of acceptable dollar amounts authorized]:* \$0 - \$100

Date(s) and/or frequency of debit(s):** 1st or 15th

I (we) understand that this authorization will remain in full force and effect until I (we) notify Teamsters Local 238 that I (we) wish to revoke this authorization. I (we) understand that Teamsters Local 238 requires at least **30 DAYS** prior notice in order to cancel this authorization.

Name _____
(please print)

Signature _____ Date _____

**If monthly payment amount varies, the company must send the customer written notification of the payment amount 10 calendar days prior to the scheduled payment date (PPD debits only).*

***If the company changes the date on a recurring payment, the company must send the customer written notification at least 7 calendar days prior to the new date on which the entry will be debited (PPD debits only).*